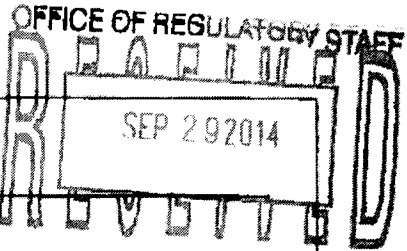


252733
2010-148-A

AUTHORIZED UTILITY REPRESENTATIVE FORM

TYPE: ☐ Water ☐ Sewer ☒ Both



CERTIFICATED COMPANY INFORMATION

Palmetto State Utility Services, Inc.	
Company Name	
Dbaf/ka	(714)689-1199 Telephone
6 Hutton Centre Drive Suite 1000	
Mailing Address	
Santa Ana, CA 92707	
City, State, Zip Code	
2576 Essayons Way	
Business Location	
Fort Jackson, SC 29207	Richland
City, State, Zip Code	County

REGISTERED AGENT INFORMATION

Registered Agent:	National Registered Agents, Inc.
Mailing Address:	818 West Seventh St.
City, State, Zip Code:	Los Angeles, CA 90017

Pursuant to the Commission's rules and regulations, print or type company contact for the following:

- A. Regulatory Officer: James B. Gallagher
- | | | | | |
|--------------------|---|------------------|---|-------------------------|
| (714)689-1199 x106 | / | (714) 689-1199 | / | jbgallagher@asusinc.com |
| Telephone Number | / | Facsimile Number | / | E-mail Address |
- B. Customer Relations (Complaints): Joseph Williams
- | | | | | |
|--------------------|---|------------------|---|----------------------------------|
| (803)790-7288 x102 | / | (803)787-2054 | / | joseph.williams@psus.asusinc.com |
| Telephone Number | / | Facsimile Number | / | E-mail Address |
- C. Engineering Operations: Joseph Williams
- | | | | | |
|--------------------|---|------------------|---|----------------------------------|
| (803)790-7288 x102 | / | (803)787-2054 | / | joseph.williams@psus.asusinc.com |
| Telephone Number | / | Facsimile Number | / | E-mail Address |

- D. Test and Repair: Joseph Williams
(803)790-7288 x102 / (803)787-2054 / joseph.williams@psus.asusinc.com
Telephone Number / Facsimile Number / E-mail Address
- E. Emergencies: Call Center
(During Non-Office Hours)
(803)790-7288 / (803)787-2054 / N/A
Telephone Number / Facsimile Number / E-mail Address
- F. Financial: James B. Gallagher
(714)689-1199 x106 / (714) 689-1199 / jb Gallagher@asusinc.com
Telephone Number / Facsimile Number / E-mail Address
- G. Customer Contact (Toll Free Number): N/A

James B. Gallagher
This form was completed by (print name)
Vice President, Management Services
Title

James B. Gallagher
Signature
9/26/14
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

And

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201